

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 155
 Registered No. 116

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1010-B Admis Ave St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juana Chavez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Mar 8 1929
 Month Day Year

8. FATHER
 Full name Salvador Chavez
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Ida Quimiro
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 22 (Years)

16. Color or race Mexican
 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

18. Birthplace (city or place) E. L. Pass
 (State or country) Texas

13. Occupation Mill man
 Nature of industry Copper mines

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother: (Taken as of time of birth of child herein certified and including this child).
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 4:10 P. m. on the date above stated.
 (Born alive or stillborn)

Signature J. J. Miller

 (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year Mar 15 29 Filed C. E. Brown
 Registrar. Registrar.

139-308-986